FORM NO. 4

APPLICATION TO PREVENT COLLECTION OR PROCESSING OF PERSONAL DATA

(Made under regulation 15(2))

NOTE:

(i)   *Documentary evidence substantiating the suspension or not to begin may be required.*

(ii)   *If a space provided in this Form is not sufficient, submit the information as an appendix*

A. APPLICATION BASIS
Mark the appropriate box with a tick (✓):

SUSPENSION ☐   NOT TO BEGIN ☐

B. PARTICULARS OF DATA SUBJECT
Name: ....

Identification Number: ....

Phone number: ....

E-mail: ....

(State below if the data subject is a child or a person with disability)

Name: ....

Relationship with the Applicant: ....

Contact: ....

C. REASONS FOR THE APPLICATION
(Please provide detailed reasons for the application for suspension or not to begin the processing)

D. DECLARATION
I certify that the statements I made in this application are true

Date   _____   Signature   _____